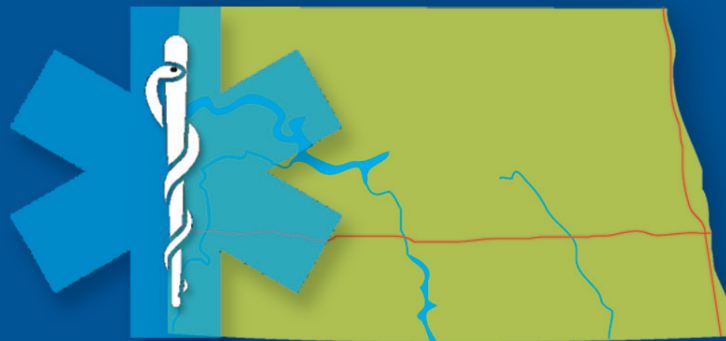


The Rural Ambulance Service **LEADER'S SURVIVAL GUIDE**



NINE QUESTIONS **Every Rural Ambulance Service Leader Should Ask**

**This guide is dedicated to the rural ambulance service leaders
of North Dakota who give so much.**

**SafeTech Solutions, LLP would like to acknowledge the contributions
of more than 100 North Dakota ambulance service leaders who participated
in the North Dakota Rural EMS Improvement Project, 2010–2011.**

ABOUT THE AUTHORS

This survival guide was written by SafeTech Solutions, LLP. The SafeTech team has more than 60 combined years of experience in emergency medical services — much of it in rural ambulance services. They believe investing in local EMS leadership is the best way to address the challenges facing rural EMS.

This guide is designed for informational and educational purposes only and should not be considered as professional legal advice or a replacement for professional legal advice. Although we go to great lengths to make sure our information is accurate and useful, we recommend you consult a lawyer if you want professional assurance that our information, and your interpretation of it, is appropriate to your particular situation.

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INTRODUCTION

This little guidebook is designed to assist the rural ambulance service leader in understanding the big challenges facing rural EMS in North Dakota today. It is based on the real experiences of scores of rural ambulance service leaders in North Dakota and across the United States.

THIS GUIDE IS FOR RURAL AMBULANCE SERVICE LEADERS WHO ARE:

- **finding increasing challenges in leading their ambulance services;**
- **struggling to staff their ambulances;**
- **worried about the future and wondering if their services can survive;**
- **feeling alone in their frustration with the way things are;**
- **puzzled about why the leadership job has become more difficult;**
- **struggling with members who are difficult to manage;**
- **concerned about staff commitment issues;**
- **trying to attract more volunteers; and**
- **looking for ways to productively tell their communities about current challenges.**

THIS GUIDE IS NOT:

- **an A-to-Z leadership and management book on EMS;**
- **A set of instructions on how to run ambulance service operations, schedule staff or manage money;**
- **a substitute for EMS leadership and management training: as you will see later, we believe that leading a rural ambulance service has become a vitally important job that demands special preparation, training and skills;**
- **a plan for returning your ambulance service to the way it was 20 years ago; and**
- **a simple solution to solving recruitment and retention.**

This guide is an invitation to consider the importance of your role as leader in the future of your ambulance service and what it will take to ensure your community has reliable EMS in the future. We don't have all of the answers, but with the help of many local rural ambulance leaders, we are beginning to understand the important questions and are reflecting them here. **We hope this guide will stretch your thinking, make you consider new ideas and inspire you to embrace the leader role in new and creative ways.** You are not alone. Others are also struggling, working and thinking about how to make rural ambulance services work well in the future.

THE GOAL OF THIS GUIDE is to inspire new ways of thinking about rural EMS and prepare you (the rural ambulance service leader) to lead your ambulance service through change. These are tough times for rural EMS, and this guide is about increasing your odds of surviving and also knowing when survival is unlikely. **The guide is based on nine questions rural ambulance leaders often ask during educational sessions. These questions are:**

- 1) OUR ROSTER IS SHRINKING. WHAT'S GOING ON AND WHAT'S AHEAD?**
- 2) IS SOMETHING BETTER THAN NOTHING?**
- 3) WHY IS LEADERSHIP SO IMPORTANT?**
- 4) WHAT MAKES A RECRUITMENT- AND RETENTION-FRIENDLY CULTURE?**
- 5) CAN I FIRE A VOLUNTEER?**
- 6) HOW CAN WE IMPROVE OUR RECRUITMENT?**
- 7) HOW CAN WE GET PEOPLE TO LISTEN AND PAY ATTENTION?**
- 8) WE'VE TRIED EVERYTHING BUT STILL DON'T HAVE ENOUGH PEOPLE. WHY?**
- 9) WHY SHOULD WE START TALKING WITH OUR NEIGHBORING EMERGENCY MEDICAL SERVICES?**

These questions emerge from listening to rural ambulance managers and a program we teach called the EMS Leadership Academy. The EMS Leadership Academy is a four-level course designed to give the student the basic tools and information needed to quickly and successfully assume the role of a leader.

HOW TO USE THIS BOOK

This is not a book you must read from cover to cover or from front to back. We have intentionally designed it without long paragraphs and chapters. It is designed to get the information easily and promote new thinking. Thumb through it. Jump around, and read here and there. Talk with others in your ambulance service about the ideas. Talk with your neighboring services about the concepts.

Question ONE

OUR ROSTER IS SHRINKING. WHAT'S GOING ON, AND WHAT'S AHEAD?

According to most rural ambulance service leaders, the biggest challenge they face is finding enough people to staff the ambulance. What's going on?

For 40 years, rural EMS has existed in North Dakota largely because local people came together and started ambulance and first-responder services staffed by volunteers. For much of the past 40 years, these services were fairly simple to run — both organizationally and operationally. Volunteers were attracted by the opportunity to help the people of their communities and participate in something that was interesting and occasionally exciting. Getting people to volunteer and hang around was pretty easy. Leading the rural ambulance service did not demand much time or expertise and the role of leader often rotated among service members.

Rural EMS Is in the Middle of Big Change

In the past 10 years, things have begun to change. Recruiting and keeping volunteers is no longer simple or easy. Demands on services have increased in terms of public expectations, expenses, transport distances, and disaster preparedness. Leading and managing the rural ambulance service has become more complicated and time-consuming. The old, uncomplicated, well-staffed volunteer ambulance service is quickly becoming a thing of the past. Rural EMS is changing.

WHY IS RURAL EMS CHANGING?

- **Socioeconomic conditions** are limiting rural people's time and availability to volunteer.
- **Current volunteers are aging** and are not being replaced by enough younger people.
- **Young people do not view volunteering in the same way** as their parents or grandparents did.
- **Attitudes about community commitment** and volunteering are changing (especially in young people).
- **More is being expected of rural EMS** as healthcare consolidates and trauma, cardiac and stroke care becomes regionalized in special care centers (meaning longer transports and more transfers).
- **The cost of running an ambulance service is increasing** faster than funding avenues.
- **The need to find new sources** of rural EMS funding continues to be a challenge.
- **Expectations for rural ambulance service** quality, reporting and performance are increasing.

Why Can't the Federal or State Government Just Fix Things?

Because rural EMS developed locally and organically, it is primarily a local issue. If a rural community wanted an ambulance service, it had to find a way to make it happen. **There is no federal mandate that EMS be provided, and there is no sustained federal funding for local EMS operations.** While state governments often regulate ambulance and personnel licensing, most states do not mandate EMS or significantly subsidize local EMS operations. Because volunteerism has been such a reliable support and subsidizer of local EMS over the years, the federal government and most state and local governments have had very little to do with the provision of EMS.

As volunteerism declines, the state government in North Dakota is beginning to ask, "What is the state's responsibility to ensure there is reliable local EMS?" So far, the state has appropriated some limited funds for local EMS staffing and training to assist local services during this change, but neither state nor federal government has entered the business of ensuring every town has ambulance service. Therefore, EMS continues to be a local issue.

Can't We Go Back to the Way Things Were, and What's Ahead?

A return to the good old days is unlikely. Rural EMS worked for the past 40 years because local volunteers generously donated enough time and coverage to make it work. **Now, as it is more difficult to attract and keep volunteers, there is no indication the old easy volunteerism will return.** Also, the needs for EMS will likely increase. **As rural populations age and healthcare continues to consolidate, EMS is increasingly expected to be the vital link between care centers.** In the future, it appears likely that rural EMS will be more demanding, busier and have fewer volunteers.

THE RURAL/FRONTIER EMERGENCY MEDICAL SERVICE SYSTEM OF THE FUTURE will assure a rapid response with basic and advanced levels of care as appropriate to each emergency, and will serve as a formal community resource for prevention, evaluation, care, triage, referral and advice. Its foundation will be a dynamic mix of volunteer and paid professionals at all levels, for and determined by its community.

(Source: The National Rural Health Association)

NOT ALL AMBULANCE SERVICES WILL SURVIVE

While few ambulance services in North Dakota have closed, some are down to two or three active members. Some rural ambulance service leaders are exhausted and wondering how long they can continue. Some communities simply no longer possess a large enough pool of potential volunteers to sustain the service, or have the funds, or have run volumes to attract paid staff. **If an ambulance service is not sustainable, it is important that its leadership recognize this early and take action before a dropped call or response failure results in unnecessary suffering or death.** The rural ambulance services that do survive will be those that are willing to change and work with neighboring services.

Question TWO

IS SOMETHING BETTER THAN NOTHING?

Because it has become more difficult to staff, fund and manage the rural ambulance service, some rural services are asking, “Isn’t something better than nothing?” This means the ambulance service:

- **lowers standards** just to fill the roster;
- **accepts members who are not a good fit** for EMS or for the organization;
- **keeps poor performers** on their roster;
- **keeps people who are not active** (don’t regularly take calls and come to training and meetings);
- **puts up with inter-member conflict**, bickering and bullying simply because they need people;
- **has a small group of active members who take large amounts of call time** – to the point that members are tired, feeling chained to the ambulance service, and not getting enough time away from being on call to take good care of themselves and their families;
- **continues to rotate leadership among the membership** because that’s what’s always been done; and
- **asks the state to lower standards** so less training is needed to be on the ambulance.

THE PROBLEM WITH SOMETHING...

When all of the EMTs on your roster had other commitments and could not take daytime call during the week, you recruited Bob. Bob was new to the area, an EMT, and available for weekdays. You thought your problem was solved. But Bob has become a new problem. He knows and performs his EMT skills fine, but he is difficult to work with, a know-it-all, insulting to other service members and foments long arguments at every meeting. Meetings are no longer fun. Bob continually complains that none of your drivers know what they’re doing and he has to do everything himself. The truth is, he won’t let anyone help him and is endlessly bossy. Now two of your most reliable and faithful daytime drivers tell you they have had enough and give you their resignations. Bob has filled daytime coverage but he has poisoned your organizational culture and now you have to find two new daytime positions. What do you do?

So, Is Something Better Than Nothing?

Consider this. Lowering standards to fill rosters and putting up with poor performers and difficult members may get the ambulance out the door today. A mediocre or tired EMT who actually gets to the scene of an emergency may be better than none getting there at all. But, this is simply short-term thinking. It is like putting a Band-Aid on an open femur fracture. You may get the ambulance out the door today, or even tomorrow, but over the long run, **something is not better than nothing.**

Here's why:

- As rural EMS changes, the quality of care and **the culture of the rural ambulance service will become key to its survival** and/or transition to something new.
- **Lowering standards** may attract a few people and allow some to stay, but it will make the service unattractive and **is a sign of a dying organization.**
- Keeping **members who are not a good fit** for EMS and for your organization **will drive away your most dedicated members.**
- Putting up with conflict and **poisonous personalities will keep people from wanting to take calls.**
- **When a few members take all the call time, burnout is high** and the culture of the ambulance service becomes desperate and unattractive.
- **When community people experience poor care** and negative attitudes from ambulance service members, their **support for the organization drops.**
- **When the only story told about a local ambulance service is how desperately it needs volunteers,** young people want nothing to do with it.

WHAT DOES THIS MEAN?

Leading the rural ambulance service means you sometimes have to make tough decisions. At times you may think you have to choose between the best of two bad options. When making difficult decisions:

- **Consider the long-term vs. short-term implications;**
- **Make a pros and cons list;**
- **Ask what is best for the sustainability of the organization;**
- **Talk with those the decision will impact most;**
- **If you see only two options, look harder for a third options; and**
- **Plot out what will really happen if you choose no bad options.**

CHARACTERISTICS OF THE THRIVING RURAL AMBULANCE SERVICE

Despite the difficulties facing rural ambulance services today, some rural ambulance services are not only surviving, they are thriving. We have made it a point to study these ambulance services and noticed that **the best-run and thriving volunteer ambulance services do not believe “something is better than nothing.”** They also do not practice short-term thinking. Volunteer ambulance services that are doing well (despite the current challenges) share common characteristics. Here are some of those characteristics:

1 ENGAGED, TRAINED, DEDICATED AND RESTED LEADERS

The best volunteer ambulance services have clear and capable leaders. These individuals are respected by the volunteers and by people within the community. They are individuals others want to follow and who have a demonstrated ability to get things done. The leadership in these services does not rotate, and the leader has time to lead because he or she is not exhausted from taking too many call hours.

2 HIGH PROFESSIONAL STANDARDS

Contrary to the “something is better than nothing” thinking, the rural volunteer ambulance services with the largest active rosters often have the highest member standards. They see members as professionals and expect them to meet high-performance expectations. They select people carefully and have clear job descriptions, policies and procedures, and they demand that the members comply.

3 RECRUITMENT-AND-RETENTION FRIENDLY CULTURES

Successful volunteer ambulance services create a volunteering culture that is inviting, warm, fun and family-like. In these organizations, creating a respectful volunteering environment is a priority. Bad attitudes, ongoing interpersonal conflict and non-professional behaviors are not tolerated. Ongoing and interesting training and education are priorities, and volunteers are recognized and rewarded in a manner that is meaningful to them.

4 COMPELLING STORIES ABOUT MISSION AND VALUE

Every rural volunteer ambulance service tells a story about itself and the importance of rural EMS by what its leaders and members say, what they do, and the face the service shows to its community. But not all stories are equal. The best rural ambulance services tell compelling stories to their members and to their communities that garner loyalty and support. These stories are about the importance of the service, the sacrifice made by volunteers, and the changing needs of rural EMS. These stories are backed by statistics and the knowledge of what is important. The best rural ambulance services understand that they can control the stories they tell and do not leave storytelling to chance.

5 AN ENFORCED CALL SCHEDULE

Using an “all-call” system, where there is a no-call schedule and specific individuals are not designated to be on call, is not reliable, does not distribute call time responsibly, and does not distribute call opportunity fairly. While many services have operated with an “all-call” system in the past, the difficulty in attracting and keeping volunteers today makes this an unreliable means of ensuring that 100 percent of all calls will be answered promptly. An “all-call” system adds stress to volunteering when there are few active volunteers.

6 SAFE AND HUMANE SCHEDULING

Regardless of how few or how many calls a service responds to, being “on call” is stressful and activity-limiting. There is always the potential for back-to-back calls. Adequate rest, sleep and time off are essential to patient, provider and public safety. In most circumstances, these services do not have volunteers on call for more than 80 hours in any given week. If a service has multiple calls in a 24-hour period, volunteers are left on call if they have not had adequate sleep. Particular attention is paid to long transfers and providing relief when volunteers have made a long transfer.

7 ADEQUATE FUNDING FOR THE AMBULANCE SERVICE

The best-run rural volunteer ambulance services have adequate funding for facilities, training, equipment, vehicles, insurances, administrative costs, medical direction and rewards. They know their costs and revenues, and they plan and follow a budget. When seeking money from local sources, they have a compelling story to tell about their needs. We have observed that when volunteer services do not have adequate funding, it increases the stress of volunteering and decreases the service’s appeal as a place to volunteer.

8 GOOD FACILITIES, VEHICLES AND EQUIPMENT

Volunteer participation and pride are tied to having appealing facilities, vehicles and equipment. In the best-run rural volunteer services, facilities are clean and inviting. They provide adequate space for housing vehicles and storing equipment; suitable space for training; comfortable and relaxing crew quarters; and administrative office space. Vehicles are adequate for the job, maintained and rarely break down. The medical and rescue equipment is up to date, maintained and a source of volunteer pride.

Question THREE

WHY IS LEADERSHIP SO IMPORTANT?

Many rural volunteer ambulance services have had group-oriented leadership. This means there is no one leader. The big and important decisions are made by some kind of group or membership process. The management of daily operations is rotated to the elected or appointed president, director or chief. But today's emerging rural challenges demand leadership that is prepared and specifically skilled to do the job.

Many rural ambulance service leaders are more manager than leader, and they do not have any preparation for the job or any particular experience in leading change. Leading is not the same thing as managing. Of course, the person in charge of a rural ambulance service must lead and manage. However, these days leadership is becoming more important because each service must find creative new ways to survive and change.

MANY OF TODAY'S RURAL AMBULANCE SERVICE LEADERS CAME TO THEIR POSITION IN ONE OF FOUR WAYS:

- They **missed the meeting** or were taking a phone call when the leader was selected.
- It was **their turn** to be leader.
- They were **elected** by a popular vote.
- They **volunteered**.

CONSIDER THE DIFFERENCE BETWEEN LEADERSHIP AND MANAGEMENT

LEADERSHIP

Leaders see a vision and direction and inspire people to head in the right direction. They think about problems and challenges and are good at influencing people.

LEADERS FOCUS ON:

- Change
- Vision
- Inspiration
- Persuasion
- Motivation
- Relationships
- Teamwork
- Listening
- Creativity
- Culture

MANAGEMENT

Managers get things done. They tend to money, schedules, paperwork, equipment, organizing details, and are good at tasks and processes.

MANAGERS FOCUS ON:

- Planning
- Organizing
- Controlling
- Coordinating
- Directing
- Budgeting
- Strategy
- Decision Making
- Problem Solving

How Leaders Recruit and Retain Volunteers

In a number of surveys (from all kinds of volunteer organizations), volunteers consistently report that the leadership of the organization has a big impact on whether they join and stay in a volunteer organization. A leader's actions and inactions determine the culture and working climate of an organization. Consistently, we see that thriving volunteer ambulance services have clear and strong leadership.

EFFECTIVE LEADERS

HAVE THREE IMPORTANT CAPACITIES:

- 1) Leaders see where the organization needs to go.**
- 2) Leaders inspire people to follow them.**
- 3) Leaders make decisions and get things done.**

EFFECTIVE LEADERS MUST:

- ➔ **BE CONSISTENT.** Having rotating leadership is no longer a good idea. The knowledge, skills, education and experience needed for good leadership demands that this position be filled by the best-qualified person.
- ➔ **BE PREPARED WITH APPROPRIATE EDUCATION AND TRAINING.** Today's EMS leaders cannot merely learn on the job. The ambulance service leader needs specific leadership education and training that is designed for the rural EMS leader. While such education and training can come from a variety of sources, it should be ongoing.
- ➔ **BE GIVEN THE TIME TO ENGAGE IN THE ACT OF LEADING.** Leadership, as an activity, is distinct from management and from running calls. Leadership takes thinking, dreaming, reading, planning, listening, talking and reflecting. To lead, the leader needs dedicated time.
- ➔ **BE REWARDED.** Leading the rural ambulance service is a responsibility that has moved beyond a volunteer commitment. All ambulance services should begin paying their leaders in some meaningful way.
- ➔ **BE EMPOWERED.** A leader cannot lead without the empowerment and authority to make decisions about plans, budgets, and hiring and firing. (Yes, you can fire a volunteer; see page 16.)
- ➔ **BE RESTED.** Often, rural ambulance service leaders are taking more calls than anyone else in the service. Many are exhausted. The nature of leadership demands that leaders not be chronically tired from taking too many calls.

Question FOUR

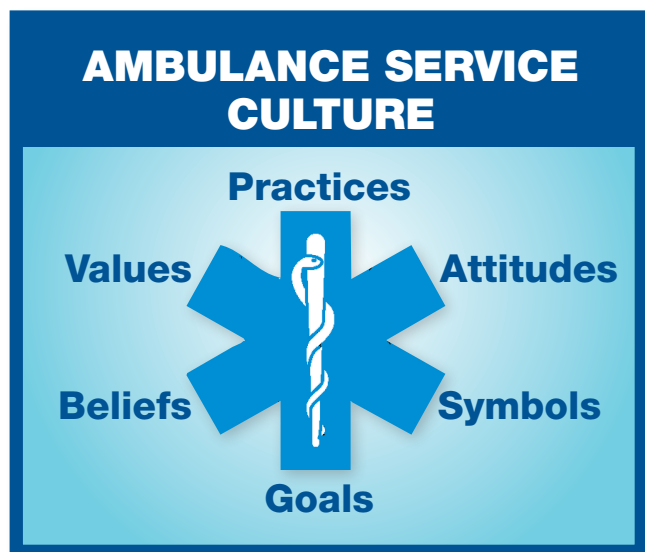
WHAT MAKES A RECRUITMENT- AND RETENTION-FRIENDLY CULTURE?

Along with great leadership, **the best-run rural volunteer ambulance services have cultures that people want to belong to**, are proud of, are enthused about, and are naturally attractive to potential members.

What Is Culture?

Culture is a word with many meanings, but in this case we are referring to culture as the set of shared practices, goals, values, attitudes, symbols, and beliefs that characterizes your ambulance service.

Your culture reveals itself in what you expect of people, how you act with each other, the things you do and don't do in your organization, and the stories that are told by your members and community people about your ambulance service. Your culture has a huge impact on whether or not people want to belong to your organization or stay in your organization. Is your culture recruitment- and retention-friendly?



How Is Culture Created or Changed?

Creating and changing culture takes time. However, culture can be changed if the change is supported by a leader who has a vision of what the culture should look like and is willing to do the hard work of selecting, cultivating and building the right team.

Creating a recruitment- and retention-friendly culture begins with:

- **getting a clear picture** of your current culture and its strengths and weaknesses;
- starting to **see and describe a culture that will attract** and keep people; and
- **taking active steps** to move toward the desired culture.

KEY INGREDIENTS TO A RECRUITMENT- AND RETENTION-FRIENDLY CULTURE

- ➔ **HIGH SESSION OF MISSION:** The provision of EMS is seen by this culture as a vital component of a community's quality of life and therefore must be performed right every time.
- ➔ **HIGH STANDARDS:** This culture understands that EMS is not for everyone. It takes a special person with the right mind-set, skills and people abilities. Expectations are clear and written in job descriptions and policies. All members are expected to be active and contribute to the organization. **The selection process for becoming a member is careful and thorough.** A professional attitude is expected in dress, patient care, driving, and interaction with patients, fellow service members and the public. The standards are understood and uniformly enforced.
- ➔ **FRIENDLY, FAMILY-LIKE, FUN ATMOSPHERES:** People want to join and belong to these ambulance services because the organization adds something valuable to member's life. **Activities, including training, are interesting, fun and conducted in such a way that members want to participate.** Laughter is common and getting together around food and fun is often a common practice. The people in these organizations like to be together and feel supported and cared about by each other.
- ➔ **FIGHTING, BICKERING, BULLYING IS NOT TOLERATED:** Inter-member conflict poisons retention and recruitment. **When such activities are tolerated, good people leave and few want to join.**
- ➔ **TRUST AMONG MEMBERS IS HIGH:** Because people spend time with each other and get to know each other in an environment that demands respect and the toleration of differences, trust between members is nurtured and valued. **Trust is an essential ingredient in successful change.**
- ➔ **RECRUITMENT AND RETENTION IS EVERYONE'S JOB:** Everyone and every action, activity and attitude is viewed by this culture as having an impact on recruitment and retention.
- ➔ **MEMBERS ARE OPEN AND HELPFUL TO NEW MEMBERS:** New members are recruited based on their fit with the organization's culture and are seen as valuable assets that must be nurtured and treated well.
- ➔ **HIGH VISIBILITY IN THE COMMUNITY:** This culture does not hide. **It seeks opportunities to engage in the community.** Telling the EMS story is essential. This culture develops opportunities to ensure that community people know it is there and performing a vital service.
- ➔ **FACILITIES, VEHICLES AND UNIFORMS REFLECT PRIDE:** This culture is a visible culture. **Observers can tell immediately that the membership cares and has pride.** Pride is visible in the care given to facilities, vehicles and the way people dress.

Question FIVE

CAN YOU FIRE A VOLUNTEER?

To create an organizational culture that people want to be part of, you must create an environment of high standards and professionalism. This may demand getting rid of members who do not fit or are poisonous to the culture you are creating. **Yes, you can fire a volunteer, but first, we need talk about the term volunteer.**

Is a Volunteer an Employee?

One of the most common mistakes rural ambulance service leaders make is assuming volunteers are not employees. **While you may call them volunteers, all members of your ambulance service are employees** — even if they receive no compensation for their work. Here's why. Members of your ambulance service are part of an organization licensed to provide specific and regulated services to the public. As employees, they:

- represent the organization, and the organization is responsible and liable for their actions and inactions;
- are covered under the ambulance service's insurance;
- provide care through the service's medical guidelines and operate under the oversight of a physician Medical Director with specific performance expectations;
- operate within the service's specific scope of practice;
- are covered by OSHA, as well as other state and federal laws and regulations; and
- can be dismissed or fired from the organization.

WHAT IS A VOLUNTEER?

In EMS, we use the term "volunteer" to describe members of our organization who do not receive salaries or the same level of hourly pay they might receive when working for another organization. Their motivation for doing the work is usually about something more than pay.

The federal government and some states have specific definitions for "volunteer" that relate to whether or not compensation is taxable. The federal Fair Labor Standards Act (FLSA) defines individuals that provide services without any expectation of compensation, and without any coercion or intimidation, as "volunteers."

However, the term volunteer is also sometimes called a "love" word. The term recognizes the generous donation of time, energy, sweat and tears to the organization's mission. It is a word that acknowledges that these workers give far more than they receive in monetary rewards. However, the term volunteer is not an accurate description of the ambulance service member's relationship to the organization.

Ambulance Services Can Hire and Fire

We recommend that you begin by hiring people who fit your organization's culture standards and employee expectations. Ideally, if you hire the right people, you would never have to fire anyone. But often, organizations end up with people who do not fit, are not doing the job, and become a detriment to retention and recruitment. You need to fire those people.

HOW DO YOU MANAGE EMPLOYEE PERFORMANCE?

Managing employee performance is a vital part of organizational leadership and management. It requires special knowledge and skill development that is taught in leadership and management educational programs. **Every rural ambulance service leader needs to have specific preparation in this area to avoid liability.** While this guide does not provide in-depth information, here are some basic keys to managing employee performance:

➔ **Be clear about expectations and requirements when an employee is hired.** Have a job description that the employee signs to ensure he or she understands the duties she or he is taking on and the expectations of both parties. Also ensure that employees have read and understand all policies, procedures and protocols. Important documents are:

- **job descriptions;**
- **an employee handbook;**
- **a code of conduct; and**
- **a policy and procedure manual.**

➔ **Discuss with all employees any behavior that is immediate grounds for termination.**

Firing offenses should be discussed before they happen. Firing offenses may include lying on a job application and failing to disclose past arrest records; failure to respond when on call; failing a drug test; insubordination; failure to report a medical error; and excessive tardy response.

➔ **Have a clear and understood disciplinary process.** Outline the specific steps you will take leading up to firing.

➔ **Provide frequent performance appraisals.** Evaluate employees at regular intervals and document performance as it relates to the written expectations.

➔ **Give annual performance appraisals.** Evaluate each employee's work at least once a year and document deficiencies in performance.

➔ **Take quick action when problems are noticed.** Communicate performance problems as soon as you notice them, and provide coaching and mentoring for improvement. Address specific behaviors — not attitudes.

➔ **Document any disciplinary action.** Document any disciplinary action, and have the employee sign a document outlining the conversation (note if they refuse to sign). Lay out specific improvements or changes needed. Give clear deadlines when these improvements or changes must take place. Be clear about the next steps in the disciplinary process and any ultimate consequences (i.e. termination).

Question SIX

HOW CAN WE IMPROVE OUR RECRUITMENT?

As stated in the answer to Question 1, the days of easy recruitment for rural ambulance services are gone. **The changes in rural demographics, socioeconomic conditions and attitudes have dramatically shrunk the pool of potential volunteers.** In the past, recruitment was easy. Needs were made known, and people stepped up to volunteer. **Now, recruitment takes a lot more work. It takes planning and an investment of time and resources to get people to join.**

Sorry, No Easy Solutions

Because recruiting is now more difficult, many ambulance services are looking for the special advertising campaign, unique program or fail-safe solution to recruiting more people. Here is the bad news — there is no silver bullet. **There is no easy solution. Some states have invested hundreds of thousands of dollars into advertising, marketing and public awareness campaigns without much result.** We too have diligently looked for that one answer or simple tool and have to report that it is not out there. **However, there are some important things you can do to improve your recruiting if you are willing to invest some time and effort.**

How Many Active Members Do You Need?

Volunteer ambulance services in North Dakota have rosters that range in size from three to more than 70 members. So, how many people do you need to safely and humanely staff one 24-hour ambulance 365 days a year? There is no state requirement or scientific answer to this question, as much depends on the people you have, the times of day they are available, and how willing they are to take call. **However, to be sustainable and safe, we have found that a rural volunteer ambulance service should strive to have at least 14 active members with a balanced mix of training levels needed (i.e., drivers, EMTs, EMT-Is, etc.).** Having 14 active people means that if each person regularly takes call time, each person could be responsible for as little as 24 hours of call time per week. Of course, this does not account for vacations, illness, or other reasons people cannot take call, but it helps spread the call time among more people. **We have found that when a service has less than 14 active members, the demand to take call time becomes heavy and the service has less time to plan, recruit and educate.**

ABOUT RURAL AMBULANCE SERVICES IN NORTH DAKOTA

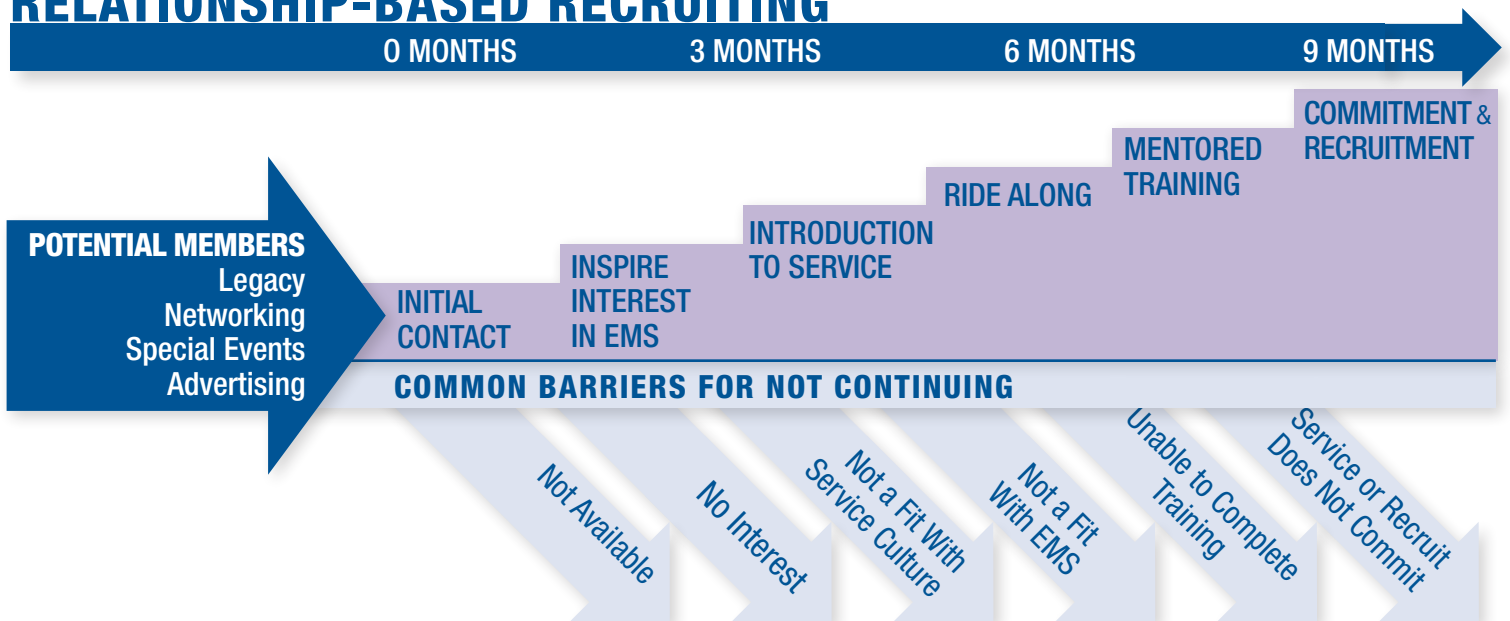
- **Recruitment and retention is the leading challenge**
- **35% have difficulty filling shifts during certain times of day**
- **46% of members on rosters are inactive**
- **Only 38% of members on rosters frequently take call**
- **Some services have only two to five active members**

RELATIONSHIP-BASED RECRUITING

Because people are more hesitant to commit to working in EMS today, it is better to build a relationship and view recruiting as a kind of courtship. This type of recruiting does not begin by asking people to join the ambulance. It begins by asking people to learn more about EMS in their community and see if there is a way they might help (someone may not become an EMT, but he or she may contribute in some other way). This kind of recruiting takes time and commitment. Consider a process that includes the following steps (modified for your situation):

- **INITIAL CONTACT:** Meet and get to know a person with the goal of building a relationship with the person and learning about him or her.
- **INSPIRE INTEREST IN EMS:** This is not about asking a person to join. It is about telling him or her about EMS and inspiring the person to become interested in EMS and how it works, and the opportunities of serving others.
- **INTRODUCE AMBULANCE SERVICES:** Bring the potential recruit to a meeting or training session. Let him or her see and experience your culture.
- **RIDE ALONG:** Invite the potential recruit to actually participate in the experience of EMS by inviting him or her to ride along. Because the ride along has liability implications for your organization, make sure you have the appropriate process and paperwork in place.
- **MENTORED TRAINING:** Sponsor the potential recruit's initial training and support him or her with mentorship and encouragement throughout the training process.
- **COMMITMENT:** As the recruit completes training, your organization and he or she will have a clear picture of their fit for EMS and your service.

RELATIONSHIP-BASED RECRUITING



What Can You Do About Inactive Members?

Many rural ambulance services have a number of people on their roster who are inactive. Having inactive members on your roster misrepresents your real situation and discourages those who are active. Here are some things you can do about inactive members:

- **Make sure your service has a policy that defines what it means to be active** in terms of call time taken and meeting and training attendance.
- **Meet with inactive members and review the policy to see if they still want to be on the roster** and are willing to re-commit to meeting the requirements for being active. If not, thank them for their service, acknowledge their contribution in some meaningful way, and then remove them from your roster and service membership.
- Rather than remove inactive people entirely, **some ambulance services are creating an auxiliary roster of members who do not go on ambulance calls but remain members** to perform other functions for the service.

You Need to Actually Work a Recruitment Plan

While most rural ambulance services have concrete plans and strategies for vehicle replacement, few have concrete plans and strategies for recruitment. **If recruitment is your biggest challenge, you need to have a strategy for addressing this challenge** and assign people and resource toward creating a recruitment plan. Use the checklist on page 21 to start creating a plan.

SOME SOURCES OF NEW RECRUITS

Where can you find new people? This will depend on your community and your situation, but start thinking about how you can use the following to attract new people.

- **Current or past members who may recommend** family members or friends (also called legacy recruiting);
- **Networking with people who may know others** (this may be local clergy, school administrators and business owners);
- **Hosting special events** that may attract a wide assortment of people; and
- **Advertising** through a brochure, Website, newspaper article or ad.

MAKE EXPECTATIONS AND ENTRANCE BARRIERS REASONABLE

Have clear, written and enforced expectations for your service members and share these expectations with each potential recruit. **Make sure these expectations are reasonable in terms of making it possible for potential volunteers to enter without undue financial expectations or daunting agreements to pay back training costs.** Plan to lose some money on people who take training but do not become long-term members. Make sure you spell out expectations, including volunteer behavior, professionalism, performance expectations and activity expectations before asking recruits to commit.

RURAL AMBULANCE SERVICE RECRUITMENT CHECKLIST

This checklist is designed to help the rural volunteer ambulance service begin the process of creating and implementing a recruitment plan and program. The goal is to answer yes to all questions.

Ambulance service _____

1) DESIGNATED PERSON

You have a specific person or persons designated to plan and execute recruitment strategies. (Give the designated person this checklist and charge them with completing the next six items.)

Yes No

2) RECRUITMENT PLAN

You have a formal written recruitment plan. (This can be as short as one page. The plan simply needs to define the goals, strategies and activities you will use to accomplish the goals.)

Yes No

3) DEDICATED RESOURCES TO RECRUITMENT

You have dedicated resources (time and money) for recruitment activities, and you have a line item in your budget for recruitment.

Yes No

4) RECRUITMENT NEEDS

You have identified exactly how many people you need and their specific training levels, capabilities and availability.

Yes No

5) PIPELINE, SUPPLY AND TURNOVER

You have spent time reviewing why people are leaving your organization, as well as how many potential recruits there might be in your community and how to reach them.

Yes No

6) RECRUITMENT IS A DEMONSTRATED ORGANIZATIONAL PRIORITY

Recruitment is discussed at every meeting, and everyone in the organization knows the plan and is engaged in recruitment. (Recruitment in your organization becomes as important as ambulance calls.)

Yes No

7) RECRUITMENT ACTIVITIES

You have identified specific recruitment activities and have these activities planned for the next six months. (This includes one-to-one recruiting, spreading the word, open house, planning courses, visiting schools and enlisting local recruitment help, etc.)

Yes No

Question SEVEN

HOW CAN WE GET PEOPLE TO LISTEN AND PAY ATTENTION?

A large part of leadership is getting people to pay attention to what is important. To address issues of staffing, funding and other challenges, you will need to get and keep the attention of:

- **service members;**
- **potential service members;**
- **local community residents;**
- **local politicians;**
- **neighboring ambulance services; and**
- **state officials and legislators.**

Why Stories Matter

Most of us arrive in leadership positions believing our job is to have answers. But **one of our most important jobs is to be storytellers.** As humans, we are endowed with an ability to remember the past and imagine the future, and we use both to find context for whatever is happening in the present by creating stories. **As ambulance service leaders, we are constantly telling stories about:**

- **why our ambulance service is (or is not) essential to the community;**
- **the value of our staff;**
- **who we are as an organization and a public service;**
- **why someone should care (or not care) about being a member of our service;**
- **our financial situation and needs; and**
- **why local people and state government should (or should not) support EMS.**

The Elements of a Great Story

Everything from new policies to budgets can be talked about in terms of a story. An effective story:

- **interests listeners by tapping something they care about;**
- **is not whiny, complaining and pitiful;**
- **provides enough facts to be believable;**
- **connects itself to other important stories;**
- **motivates action; and**
- **appeals to the heart.**

*THE BEST WAY
TO GET AND KEEP
PEOPLE'S ATTENTION
IS BY TELLING
GOOD STORIES.*

The Story You Tell Makes a Big Difference

The greatest challenge facing rural EMS in North Dakota is finding enough people to fill schedules at all times of the day. All rural ambulance services are telling stories about this challenge and need to tell a story that truly reflects the value of volunteer labor. Consider this story.

The biggest subsidizers of rural EMS in North Dakota are not tax dollars, transport reimbursements by insurance or Medicare, or donations. **The biggest subsidizers of rural EMS are the hours donated by volunteers.** The Bureau of Labor Statistics and the Independent Sector (an organization for volunteer organization leaders, www.independentsector.org/volunteer_time) have calculated the value of a volunteer hour in North Dakota is \$16.48 per hour. This means that in the North Dakota economy, if volunteers were paid a wage and benefits to provide their services, it would cost \$16.48 per hour. **If you had to pay for two people to be on call 24 hours a day, 365 days a year, it would cost \$288,730 ($\$16.48 \times 2 \times 24 \times 365$) per year.**

Now, imagine telling a story to your community, taxpayers and politicians about the costs of your ambulance service and the amount of subsidy volunteers provide. **By having facts that are tied to things (like money) that listeners care about, the impact of your story becomes more powerful.**

When We Tell Conflicting Stories

When we hear conflicting stories about the same subject, we are confused and inclined to doubt the storytellers and not respond. EMS frequently tells conflicting stories to the public and politicians. Because we are competitive and not inclined to collaborate with other ambulance services, we wind up telling conflicting stories. **If EMS is to gain wide support for its current challenges, it must start telling a unified story about EMS, its current needs and its solutions.**

Question EIGHT

WE'VE TRIED EVERYTHING BUT STILL DON'T HAVE ENOUGH PEOPLE. WHY?

While few ambulance services in North Dakota have closed, some are down to two to three active members. Some rural ambulance service leaders are exhausted and wondering how long they can continue. Some communities no longer possess a large enough pool of potential volunteers to sustain an ambulance service, nor do they have the funds or run volume to attract paid staff. **If an ambulance service is not sustainable, it is important that its leadership recognize this early and take action before a dropped call or response failure occurs that results in unnecessary suffering or death.**

How Do You Know When You Are Not Sustainable?

Just as the dying patient shows signs of distress, unsustainable rural ambulance services present signs of dying, including:

- **The roster of active members contains less than 10 names.**
- **The leader/manager is tired, stressed, and personally taking excessive amounts of call.**
- **The leader/manager does not have the time or desire to engage in leadership education or training.**
- **Those taking the most calls are aging (over 50) and not being replaced by enough young people.**
- **Continued recruiting has not produced enough results.**
- **Local aging and declining population are limiting the volunteer pool.**
- **The service often has an unfilled schedule.**
- **The service goes out of service because members are out of town or not available.**
- **The service begins to have tardy response times.**
- **The service is missing calls (a neighboring service has to take calls).**

If your service is facing five or more of these issues, your sustainability is questionable. The North Dakota Rural EMS Improvement Project has created a tool for further assessing your sustainability, *Volunteer Ambulance Service Sustainability: A Self Assessment Tool*. This document can be found on the North Dakota Division of EMS and Trauma's Website, www.ndhealth.gov/ems/.

FACING THE TRUTH

Not being able to provide reliable and sustainable ambulance service to your community may be a difficult truth to face. **Some volunteer ambulance service leaders report feeling responsible for the service's demise and ashamed that they cannot continue what seemed to work well for many years.** Some are hiding from the truth of their current situation. Others are personally filling the scheduling gaps and report being on call for hundreds of days without a break.

There is no need to take on personal responsibility or live in a cloud of shame. **The changes facing rural EMS today are multifaceted and not the fault of a leader.** As a leader, your duty is to honestly face the truth and ensure that your members and the people you serve are not harmed by your failure to bring appropriate attention and action to the state of your ambulance service.

First Steps to Take

Ask yourself, “Based on current trends, where will this ambulance service be in five years?” **If you suspect that your service is not sustainable over the long haul, the time to start talking is now.** Begin by talking with members, and then make a presentation to your local community leaders. If you need help, reach out for help from other EMS leaders and from the state’s Division of EMS and Trauma. **Use numbers and statistics along with current thoughts, attitudes and feelings to describe the situation** and where things are headed.

Your ultimate goal of “talking” should be to prepare for the future and begin to discuss options. It is your duty to ensure that no one suffers or dies because of the reliability of your ambulance service. Do not put off taking action and bringing attention to this vitally important situation.

OPTIONS IF YOU CAN'T CONTINUE

If you are not sustainable in your current state, you have a variety of options:

- ➔ **GO OUT OF BUSINESS.** This means you officially announce to your members, the residents of your service area, the agency who dispatches you, and the state Division of EMS and Trauma that you cannot continue and will cease operation on a set date. **Your service area will be divided among neighboring ambulance services by your county 9-1-1 coordinator,** and your area will continue to receive ambulance coverage.
- ➔ **BECOME A PAID SERVICE.** This means **you obtain funding** and begin hiring paid staff to fill your schedule.
- ➔ **BECOME A QUICK RESPONSE UNIT (QRU).** In North Dakota, QRUs are **organizations that provide care to patients while an ambulance is en route** to the scene of an emergency. They may be organized as part of a law enforcement agency, a fire department or a stand-alone agency whose only purpose is to provide quick response services. QRUs do not transport patients and are not required to have a schedule or respond if they do not have staffing at any give time.
- ➔ **BECOME A SUBSTATION OF ANOTHER AMBULANCE SERVICE.** In this option, **your service becomes part of another ambulance service** by operating under their license. You keep an ambulance in your community and respond when you have staffing available. The host ambulance service is responsible for ensuring that your service area is covered. For more information, contact the Division of EMS and Trauma.
- ➔ **BECOME PART OF A REGIONAL EMS EFFORT.** This means **working with neighboring ambulance services** to create a regional approach to providing EMS in your area. (See question 9.)

Question NINE

WHY SHOULD WE START TALKING WITH NEIGHBORING EMERGENCY MEDICAL SERVICES?

The future of rural volunteer EMS in North Dakota remains uncertain. However, it is becoming increasingly clear that the old, exclusively independent volunteer approach will not continue to exist in the same form. **Across the nation, the rural areas most successful in adapting to change are those that work together to create systems of care support by a regional approach to marshaling, deploying and funding resources.** When ambulance services and first responders work together, not only do they create a more reliable system of care for the patient, but they find efficiencies in:

- **staffing;**
- **management and leadership;**
- **funding;**
- **medical direction;**
- **higher levels of response; and**
- **transfers.**

The Fear of Working Together

While the benefits of rural ambulance services working together to gain efficiencies are easy to grasp, **the real challenge is convincing ambulance service leaders, EMS providers and communities that such an effort does not necessarily mean the loss of local services or local control.**

North Dakota rural communities have a long history of self-sufficiency. In many communities, this self-sufficiency has been translated into a deep pride and local identity of which residents are fiercely protective. **Residents believe that in working too closely with other communities, they will lose a part of their community's unique identity** and, thus, lose a sense of their own local self-sufficiency.

While many rural volunteer ambulance services and QRUs in North Dakota are struggling to staff their services 24/7, some still resist working with other services to find solutions. **This resistance is rooted in the following fears, beliefs and attitudes:**

- **Working together is the first step toward losing local services.**
- **Working with other services will reveal local weaknesses.**
- **Another EMS organization in a neighboring community is on a mission to take over.**
- **A neighboring service cannot be trusted because of an old or current inter-community rivalry.**
- **Working together will eventually lead to a loss of local control and the ability to meet local needs.**

MORE ADVANTAGES OF WORKING TOGETHER

There are dramatic and powerful advantages to a group of ambulance services in a region meeting with each other and working together to create a true system of care. Here are some of the advantages of a systems approach:

- *patients receive more consistent and uniform levels of clinical care, and providers know what to expect from each other;*
- *resources can be shared across the system to promote system strength;*
- *EMS will be better integrated into a larger healthcare system;*
- *interagency cooperation strengthens mission capability;*
- *interagency competition is limited;*
- *problems and challenges have a forum, and any local QRU or ambulance services' individual challenge becomes a regional challenge;*
- *a group of involved leaders are continually assessing the system performance and working toward improvement; and*
- *there is a ready-made group with experience in working together ready to collectively address emerging challenges.*

How to Get Started

The best way to start working with neighboring services is for leaders to get together and talk. If you dislike your neighboring services, meet with them anyway. **Look for what you have in common. Do not try to tackle tough problems at first. Just start building relational trust.**

Relational Trust

Relational trust is a term first used by educators to define the importance of trust between people, teams and organizations that serve a common mission. **It is about building trust through relationships.** Trust is not always a given — especially if people do not know each other or if they know each other and some event, memory, belief or suspicion exists in their history together that questions trustworthiness.

In working with rural EMS organizations, we have noticed that relational trust is a key ingredient in building a collaborative approach to EMS. We have found that relational trust:

- **is built through day-to-day social exchanges in the EMS community;**
- **supports a common commitment to take on the difficult work of building strong, reliable and sustainable rural EMS systems;**
- **facilitates accountability for shared performance standards while also allowing people to experience autonomy and mutual support for their own independent local efforts;**
- **reduces the vulnerability that local EMS leaders feel when asked to reveal current operational performance agency health; and**
- **facilitates the safety needed to experiment with new practices and relationships.**

The payoff for developing trust through relationships often emerges in the midst of a difficult emergency or when there is a misunderstanding or performance question. The payoff is also seen when change is all-around and the future is uncertain.

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